

Sacrocolpopexy with hysterectomy using mesh to repair uterine prolapse

Information for the public

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What has NICE said?

There is not much good evidence about how well sacrocolpopexy with hysterectomy using mesh to repair uterine prolapse works or how safe it is. It should only be used if extra care is taken to explain the risks and extra steps are put in place to record and review what happens.

More research on sacrocolpopexy with hysterectomy using mesh to repair uterine prolapse is needed and NICE may look at it again if more evidence is published.

What does this mean for me?

Your health professional should fully explain what is involved in having this procedure and discuss the possible benefits and risks with you. In particular, they should explain the uncertainty about the evidence on how likely it is to improve your symptoms, including a risk of uterine prolapse happening again. Also, they should make sure that you understand the uncertainty about the procedure's safety, including the risk of mesh erosion. This is when the mesh breaks into small pieces that can damage the vagina or other organs nearby. This can cause pain, bleeding and infection. You should also be told how to find more information about the procedure. You should only be asked if you want this procedure after having this discussion. Your health professional should ask you if details of your procedure can be collected.

Other comments from NICE

NICE said that because of the risk of mesh erosion, this procedure is usually done in 2 stages (hysterectomy then sacrocolpopexy at a later date).

Your healthcare team

Clinicians experienced in managing pelvic organ prolapse and urinary incontinence in women should decide who should be offered this procedure and carry out treatment. They should have specific up-to-date training in the procedure.

The condition

Uterine prolapse is when the womb (uterus) slips down from its normal position, into, and sometimes through, the vagina. It can affect quality of life, and cause problems with bowel and bladder function, and sex.

A minor prolapse can be treated with pelvic floor exercises and pessaries, without the need for surgery. If the prolapse is severe, surgery may be needed. There are different types of surgery, some include using mesh for additional support.

NICE has looked at using sacrocolpopexy with hysterectomy using mesh as another treatment option.

[NHS Choices](#) and NICE's [information for the public](#) about urinary incontinence in women may be a good place to find out more.

The procedure

Sacrocolpopexy with hysterectomy using mesh to repair uterine prolapse is usually done under general anaesthetic. It can be done as open abdominal surgery or by keyhole surgery using small cuts in the abdomen.

The aim is to support the pelvic organs in their usual place, after removal of the womb (hysterectomy). This is done by attaching a piece of mesh usually from the top, and sometimes from the front or back of the vagina, to a ligament in the pelvis at the base of the spine, or to a bone at the bottom of the spine. The mesh is similar to a fine net, and is usually made of polypropylene.

The procedure can be done with surgery for other conditions, for example, for stress incontinence. Different types of meshes or tissue grafts have been used and these may have different risks.

Benefits and risks

When NICE looked at the evidence, it decided that there was not enough to support the routine use of sacrocolpopexy with hysterectomy using mesh to repair uterine prolapse in women. The 10 studies that NICE looked at involved a total of 2,277 patients.

Generally, they showed the following benefits:

- a successful procedure in at least 90% of women
- 93% of women were satisfied with the results about 2 years later
- an improvement in pelvic floor symptoms.

The studies showed that most of the risks of sacrocolpopexy with hysterectomy using mesh for uterine prolapse repair were similar to or lower than those reported with other procedures. Other risks included:

- mesh erosion in around 10% of women having treatment; at least half these women needed further surgery to correct the erosion or remove the mesh
- less risk of mesh erosion in women who had already had a hysterectomy than in women who had a hysterectomy done at the same time
- mesh erosion in up to 14% of women who had both their womb and cervix removed compared with 0% in those whose cervix remained
- wound infection in 8% of women
- bruising around the bladder in 10% of women
- hernia at the site of the cut for the operation in 2% of women
- problems emptying the bladder and bowel in 2% of women.

NICE was also told about another possible risk: bone infection.

If you want to know more about the studies, see the [guidance](#). Ask your health professional to explain anything you don't understand.

Questions to ask your health professional

- What does the procedure involve?
- What are the benefits I might get?
- How good are my chances of getting those benefits? Could having the procedure make me feel worse?
- Are there alternative procedures?
- What are the risks of the procedure?
- Are the risks minor or serious? How likely are they to happen?
- What care will I need after the procedure?
- What happens if something goes wrong?
- How easy is it to remove the mesh if it does go wrong?
- What may happen if I don't have the procedure?

About this information

NICE [interventional procedures guidance](#) advises the NHS on the safety of a procedure and how well it works.

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Accreditation

